Carrie Rubenstein, MD

geriatric medicine fellowship director,
Providence Health & Services

Background

As a family physician, geriatrician, and clinician educator, I direct the Geriatric Assessment Clinic at Swedish Health Services, the largest nonprofit health care provider in the greater Seattle area. The clinic is an ambulatory care setting for older adults who are referred by their primary care physicians for particularly complex geriatric questions. The team at the clinic consists of a geriatrician (myself), a pharmacy resident, a doctoral student in psychology, a social worker and medical trainees.

Swedish is affiliated with Providence Health & Services, a not-for-profit organization that serves five Western states. Providence was one of five pioneer health systems that stepped forward in 2018 to join Age-Friendly Health Systems (AFHS), an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States. After its initial work at a site in Oregon, Providence wanted to expand its work to include others in the system on the age-friendly journey. The Geriatric Assessment Clinic also joined an AFHS action community to support its age-friendly efforts.

Approach

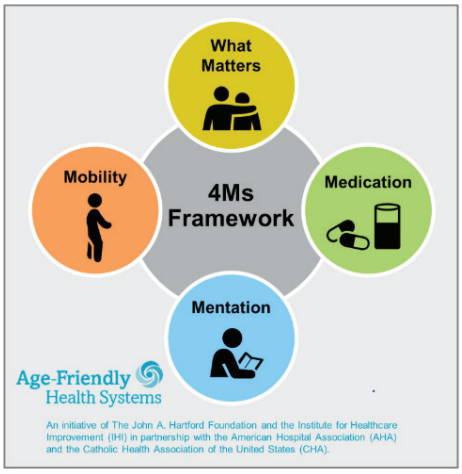
Becoming an Age-Friendly Health System means implementing the "4Ms" framework to reliably practice evidence-based care with older adults (see **Figure 1**). I conducted a pilot project in the clinic to assess every patient for the 4Ms and measure how reliably our team does so. In addition to the 4Ms, the team, recognizing the importance of proper nutrition and food security for older adults, added a 5th M: Malnutrition.

For the pilot project, our team chose a representative metric for each of the 4Ms (plus Malnutrition). We included these measures in the template for their geriatric assessment. For each visit, the goal was to assess the 4Ms plus Malnutrition using one of the selected evidence-based methods. **The following summaries outline the clinic's assessment activities for each of the Ms:**

What Matters

The team asks every older adult, "What matters most to you?" They also ask whether the older adult has a trusted decision maker. The answers are recorded in the "goal of care" note, a tool within the electronic health record (EHR).

Figure 1



It is also possible to include the story behind What Matters in the EHR and document additional care preferences.

Medication

The team includes a pharmacist, who does a one-on-one medication review and reconciliation with each older adult. The pharmacist identifies high-risk medications and discusses opportunities for deprescribing. Deprescribing is a key focus of the geriatric assessment clinic. Many elders want to be on fewer medications and it takes time to identify those medications that may not be necessary and discuss safe ways to safely deprescribe.

Mentation

The team conducts assessments for both mood and memory. For mood, we administer the Patient Health Questionnaire-2 (PHQ2), a brief depression screening, or the Geriatric Depression Scale (GDS), a 15-question test specific for older adults. Which test is used depends on a variety of factors, including the condition of the patient and the amount of time available.

We also administer one of three cognitive assessments: the Mini-Cog, the MoCA, or the RUDAS, again depending on a variety of factors. It is common for an individual to receive a first diagnosis of dementia during this geriatric assessment visit. Disclosing the diagnosis of dementia takes time, skill and sensitivity. Our team shares recommendations with the older adult's primary care physician and sees the older adult and their care partner 3 to 6 months after the initial visit to follow up.

Mobility

The team administers the Timed Up and Go (TUG) assessment and the STEADI screening for falls prevention. They also do a functional assessment of every older adult using the Lawton-Brody Instrumental Activities of Daily Living (ADL) scale or the Katz Index of Independence in ADL.

Malnutrition

Food insecurity is one of those topics that people don't talk about but is likely far more critical to the health and well-being of the people we care about than other topics we spend considerable time and energy on. Our team administers a simple screening for unintended weight loss and food insecurity. For the latter, we use the Hunger Vital Sign™ assessment.

While the AFHS framework represents aspects of care the team was already delivering, the framework helped us to reliably implement these aspects as a set. Adhering to the 4Ms (plus Malnutrition) helped ensure that the clinicians would address all of them every time.

Outcomes

We analyzed data using chart review for 31 visits from November 2020 to February 2021. We found that 67 percent of visits had documentation of What Matters or advance directives. A depression screening tool was administered during 61 percent of visits, and a cognitive screening tool during 74 percent. In 100 percent of the visits, the patient was screened for fall risk with the STEADI tool; the pharmacist performed a comprehensive medication review and identified high-risk medications; and screenings were completed for unintended weight loss and food insecurity.

In February 2021, the clinic gained the Level 2 Committed to Care Excellence certification from AFHS.

Lessons Learned

To collect the data for this project, we had to open every chart individually. The lesson is that we need to make this easier and more efficient for my colleagues. We need to give them the right tools, make the tools accessible, and measure this in the most efficient way. That will mean optimizing the electronic health record to create an "age-friendly snapshot."

The 4Ms provide a framework for teaching as well. It helps to simplify the care in a digestible way to really understand the factors that we believe are so critical.

Next Steps

Going forward, we will continue to refine the measures for assessment of the 4Ms plus Malnutrition and further integrate this work into our documentation and reporting practices.

In April 2021, I participated in the steering committee and then presented at the first Providence Age-Friendly Health Systems Symposium. From that system-wide kick-off event, an Age-Friendly Innovation Challenge is currently underway with 40 entries, which will compete for grant money to implement age-friendly endeavors throughout Providence.